General Assembly **Substitute Bill No. 5292**

February Session, 2000

An Act Establishing The Reporting Of Community Benefit Programs By Managed Care Organizations And Hospitals.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

(NEW) (a) On or before January 1, 2001, and annually thereafter, each managed care organization, as defined in section 38a-478 of the general statutes, and each hospital, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Public Health, or the commissioner's designee, a report on whether the managed care organization or hospital has in place a community benefits program. If a managed care organization or hospital elects to develop a community benefits program, the report required by this subsection shall comply with the reporting requirements of subsection (c) of this section.

(b) A managed care organization or hospital may develop community benefit guidelines intended to promote preventive care and to improve the health status for working families and populations at risk, whether or not those individuals are enrollees of the managed care plan or patients of the hospital. The guidelines shall focus on the following principles:

(1) Adoption and publication of a community benefits policy statement setting forth the organization's or hospital's commitment to a formal community benefits program;

(2) The responsibility for overseeing the development and implementation of the community benefits program, the resources to be allocated and the administrative mechanisms for the regular evaluation of the program;

(3) Seeking assistance and meaningful participation from the communities within the organization's or hospital's geographic service areas in developing and implementing the program and in defining the targeted population and the specific health care needs it should address. In doing so, the governing body or management of the organization or hospital shall give priority to the needs outlined in the Department of Public Health's recommendations on public health issues; and

(4) Developing its program based upon an assessment of the health care needs and resources of the identified populations, particularly low and middle-income, medically underserved populations and barriers to accessing health care, including, but not limited to, cultural, linguistic and physical barriers to accessible health care, lack of information on available sources of health care coverage and services, and the benefits of preventive health care. The program shall consider the health care needs of a broad spectrum of age groups and health conditions.

(c) Each managed care organization and each hospital that chooses to participate in developing a community benefits program shall include in the annual report required by subsection (a) of this section the status of the program, if any, that the organization or hospital established. If the managed care organization or hospital has chosen to participate in a community benefits program, the report shall include the following components: (1) The community benefits policy statement of the managed care organization or hospital; (2) the mechanism by which community participation is solicited and incorporated in the community benefits program; (3) identification of community health needs that were considered in developing and implementing the community benefits program; (4) a narrative

description of the community benefits, community services, and preventive health education provided or proposed, which may include measurements related to the number of people served and health status outcomes; (5) measures taken to evaluate the community benefits program results and proposed revisions to the program; (6) to the extent feasible, a community benefits budget and a good faith effort to measure expenditures and administrative costs associated with the community benefits program, including both cash and in-kind commitments; and (7) a summary of the extent to which the managed care organization or hospital has developed and met the guidelines listed in subsection (b) of this section. Each managed care organization and each hospital shall make a copy of the report available, upon request, to any member of the public.

(d) The Commissioner of Public Health, or the commissioner's designee, shall develop a summary of the community benefits program reports submitted under this section, review the reports for adherence to the guidelines stated in this section and report, on or before October 1, 2001, and annually thereafter, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes, with an analysis of each report submitted by managed care organizations and hospitals pursuant to this section.

PH	***Committee Vote:***	Yea	25	Nay	0	JFS
INS	***Committee Vote:***	Yea	19	Nay	0	JF
APP	***Committee Vote:***	Yea	44	Nay	0	JF